

|  |                        |                 |
|--|------------------------|-----------------|
| <b>REVOCATION OF POWER OF<br/>ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application No.        | 10/814,552      |
|  | Filing Date            | March 30, 2004  |
|  | First Named Inventor   | David K. Parker |
|  | Group Art Unit         | 2619            |
|  | Examiner Name          | Duc Chi Ho      |
|  | Attorney Docket Number | 2717P163        |

**I hereby revoke all previous powers of attorney given in the above-identified application:**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with Customer Number:

**45220**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

**08791**

**OR**

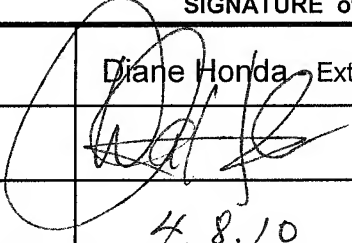
|   |  |           |  |          |  |
|---|--|-----------|--|----------|--|
| <input type="checkbox"/> Firm or<br>Individual Name |  |           |  |          |  |
| Address   |  |           |  |          |  |
| Address   |  |           |  |          |  |
| City  |  | State     |  | Zip Code |  |
| Country   |  | Telephone |  | Fax      |  |

**I am the:**

☐ Applicant.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

|           |   |
|-----------|---|
| Name      | Diane Honda, Extreme Networks VP, General Counsel & Secretary                       |
| Signature |  |
| Date      | 4.8.10  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.